

EXHIBIT A

PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	Schedule/Claim ID s31464 Amount/Classification \$742.26 Unsecured <i>Amesbury/Hatters PT</i> <i>Unremitted Principal</i>
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
Name of Creditor and Address 11321240000193 FRANK DAVENPORT 3372 NAROD ST LAS VEGAS NV 89121 4218		<div style="border: 1px solid black; padding: 5px;"> THIS SPACE IS FOR COURT USE ONLY </div>
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor		<div style="border: 1px solid black; padding: 5px;"> THIS SPACE IS FOR COURT USE ONLY </div>
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned </div> <div style="width: 30%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> </div>		
2 DATE DEBT WAS INCURRED <i>initially 3/6/06</i>		
3 IF COURT JUDGMENT, DATE OBTAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<div style="display: flex;"> <div style="width: 50%;"> UNSECURED NONPRIORITY CLAIM \$ <i>742.26 or more</i> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority. </div> <div style="width: 50%;"> SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ </div> </div>		
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)		
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <i>742.26 or more</i> (unsecured) \$ _____ (secured) \$ _____ (priority) \$ <i>742.26 or more</i> (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <i>Expl. note</i>		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. <i>YES - copy included</i>		
The original of this completed proof of claim must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911		THIS SPACE FOR COURT USE ONLY
DATE <i>6/3/06</i>	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <i>Frank Davenport - Davenport</i>	

Explanatory Note

Claim 10531464

Claim 10531464 has been identified to me as Amesbury/Hatters Point. Without recently having conversed with a MFIM, LLC agent, I would not have known to which Loan said Claim 10 #referred.

I have no knowledge as to the origin or make-up of the amount of \$742,26 shown on Claim Form, nor can I correlate it with Loan-Leader Reconciliation Statements provided by MFIM, LLC. For purposes of this Claim, I state that my initial investment in this Loan was 3/6/06 in the amount of \$25K, and that I have received no interest or principal payments to date. I submit this Proof of Claim Form on the basis that if records, unavailable to me, reflect an amount of \$742,26 unsecured, I have no way of knowing if more than that amount was, or was not, paid by the borrower to CDA Capital and not remitted to me.

